

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/856818

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	14					
6	41					
7	18					
8	62					
9	10					
10	61					
11	14					
12	67					
13	10					
14	61					
15	14					
16	67					
17	70					
18	61					
19	14					
20	61					
21	10					
22	61					
23	/					
24	/					
25	12					
26	61					
27	10					
28	61					
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31	10					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	31	→	→	→		
TOTAL CLAIMS	33	[QR]	[QR]	[QR]	[QR]	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.		→	→	→				
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS